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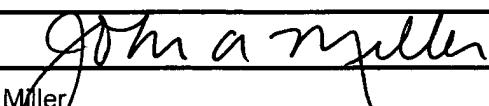
Total Number of Pages in This Submission

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First Named Inventor	Mau-Song Chou et al.
Art Unit	2884
Examiner Name	Otilia Gabor
Total Number of Pages in This Submission	NGC-00088 (000339-804)

ENCLOSURES (Check all that apply)

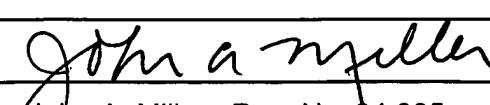
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO 2038 - Credit Card Payment Form - \$1,000; Return Receipt Postcard
Remarks Applicant believes sufficient fees are enclosed for the attached filing, however, should additional fees be due in order to prevent the abandonment of this application or overpayment of fees occur, please consider this as authorization to charge or credit Deposit Account No. 501612 (Warn, Hoffmann, Miller & LaLone, P.C.) for any such fees due. A duplicate copy of this document is enclosed for this purpose.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Warn, Hoffmann, Miller & LaLone, P.C.		
Signature			
Printed name	John A. Miller		
Date	1-23-06	Reg. No.	34,985

CERTIFICATE OF TRANSMISSION/MAILING

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